

**CARRIER'S INTERROGATORIES TO CLAIMANT**

Texas Labor Code, § 410.159. Standard Interrogatories.

- (a) The **commission** by **rule** shall prescribe standard form sets of interrogatories to elicit information from **claimants** and insurance carriers.
- (b) Standard interrogatories shall be answered by each party and served on the opposing party within the time frame prescribed by **commission** rule, unless the parties agree otherwise.

**Acts** 1993, 73<sup>rd</sup> Leg., ch. 269, C 1, eff. Sept. 1, 1993.

**Rule** 142.19. Form Interrogatories.

The **commission** adopts the following form interrogatories by reference:

- (1) **Claimant's** Interrogatories to **Carrier**; and
- (2) **Carrier's** Interrogatories to **Claimant**.

Source Note: The provisions of this §142.19 adopted to be effective July 9, 1991, 16 TexReg 3397.

# Carrier's Interrogatories to Claimant

## Instructions for Using this Form

### To the Carrier:

This form contains a total of 16 questions ("interrogatories") for you to send to the **CLAIMANT** to answer. Please read these instructions carefully before you begin.

On page 4, please write or type the "date of **claimed injury**" in the space provided.

Questions 1 through 11 are prepared interrogatories. There is a line next to each number. Mark an "X" next to each interrogatory you wish the **CLAIMANT** to answer. Please do not mark interrogatories that the **CLAIMANT** has already answered, or that you do not need answered.

Questions 12 through 16 are blank for five of your own interrogatories. Use these to obtain information from the **CLAIMANT** about the issue(s) presently in dispute. Write or type each question in the space provided. You may use as many as five of your own questions.

### Certificate of Service

Please fill in all information, and sign before sending to **CLAIMANT**.

### Affidavit

This is for the **CLAIMANT** to use after answering the interrogatories. Please leave it attached when you send the interrogatories to the **CLAIMANT**.

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### To the Claimant:

Please answer these interrogatories ("questions") to the best of your knowledge.

These questions have the force and effect of being continuous and ongoing in nature. Any occurrence that changes a previously given answer (e.g., newly-discovered witness, new medical information, etc.) must be corrected and forwarded to the **carrier** within a reasonable time before the hearing, or, if not possible, brought to the hearing.

A party who fails to disclose information known to that party or documents which are in existence and in the possession, custody, or control of that party at the time when disclosure is required by this section may not introduce such evidence at any subsequent proceeding before the **commission** or in court unless good cause is shown for not having disclosed such information or documents. TX LABOR CODE, § 410.161.

# Carrier's Interrogatories to Claimant

## Definitions

### To the CLAIMANT:

As used in these interrogatories, the following definitions shall apply to the following terms. These terms appear in the interrogatories in bold print.

**Act** means the Texas Workers' Compensation Act.

**Carrier** means the insurance company or self-insured employer from which the claimant is claiming workers' compensation benefits.

**Claimant** means the individual claiming workers' compensation benefits from the carrier.

**Claimed injury** means the injury, occupational disease, or occupational illness for which the claimant is presently claiming workers' compensation benefits from the carrier.

**Commission** means the Texas Workers' Compensation Commission.

**Expert witness** means an individual who, because of education or experience, possesses specialized knowledge of a subject not generally within the understanding of the average individual.

**Person** means an individual, corporation, organization, business trust, estate, trust, partnership, association, or other legal entity.

**Rule** means a rule of the Texas Workers' Compensation Commission.

**Statement** includes written, typed or printed statements, signed or otherwise approved by the person making it, and electronically recorded oral statements.

To the **CLAIMANT**: Answer all questions marked with an "X".  
Use additional pages when necessary.

The alleged date of the **claimed injury** is: \_\_\_\_\_.

### **Carrier's Interrogatories to Claimant**

\_\_\_\_\_ 1. Please identify yourself by stating your full name, residence address, residence, telephone number, date and place of birth, social security number, present employer, job title, and any other names by which you may be or have been known.

To the **CLAIMANT**: Answer all questions marked with an "X". Use additional pages when necessary.

\_\_\_\_\_ 2. If a benefit review conference has been held, does the benefit review officer's report accurately list all issues you are presently disputing?

If not, please list those issues you are presently disputing that differ from those listed in the benefit review officer's report.

\_\_\_\_\_ 3. If a benefit review conference has been held, does the benefit review officer's report accurately describe your position on the disputed issues listed?

If not, please explain how your position differs from that described in the benefit review officer's report.

To the **CLAIMANT**: Answer all questions marked with an "X". Use additional pages when necessary.

\_\_\_\_\_ 4. If a benefit review conference has been held, do you agree with the benefit review officer's recommendations?

If not, please explain.

\_\_\_\_\_ 5. If a benefit review conference has not been held, please list the issues you are presently disputing, and your position on each issue?

To the **CLAIMANT**: Answer all questions marked with an "X". Use additional pages when necessary.

\_\_\_\_\_ 6. Please describe how the **claimed injury** occurred.

\_\_\_\_\_ 7. Please describe the nature and extent of the **claimed injury**, including all parts of your body affected.



To the **CLAIMANT**: Answer all questions marked with an "X". Use additional pages when necessary.

\_\_\_\_\_ 8. If you have previously received workers' compensation benefits, please list the geographical locations, the employers, and the approximate dates of injuries or illnesses.

\_\_\_\_\_ 9. If you have filed a lawsuit for the **claimed injury**, please state the county and court where the suit has been filed.

To the **CLAIMANT**: Answer all questions marked with an "X". Use additional pages when necessary.

\_\_\_\_\_ 10. Please state the name, address, and phone number of:

(a) each individual whom you know to have knowledge of the relevant facts related to the issue(s) in dispute; and

(b) each individual from who you plan to submit testimony in your behalf.

\_\_\_\_\_ 11. Please state the source, the nature, and the location of:

(a) every document you know of which is relevant to the issue(s) in dispute; and

(b) every document which you intent to introduce into evidence.

To the **CLAIMANT**: Answer all questions marked with an "X". Use additional pages when necessary.

### **Additional Questions**

To the **CLAIMANT**: Answer all questions provided by the **CARRIER**.

\_\_\_\_\_ 12. Question:

Answer.

\_\_\_\_\_ 13. Question:

Answer.

To the **CLAIMANT**: Answer all questions marked with an "X". Use additional pages when necessary.

\_\_\_\_\_ 14. Question:

Answer.

\_\_\_\_\_ 15. Question:

Answer.

To the **CLAIMANT**: Answer all questions marked with an "X". Use additional pages when necessary.

\_\_\_\_\_ 16. Question:

Answer.

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## CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of **Carrier's** Interrogatories to **Claimant** has been forwarded via certified mail, return receipt requested, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, to each of the following:

Respectfully submitted,

\_\_\_\_\_  
Signature of Carrier's Representative

\_\_\_\_\_  
Printed name of Carrier's Representative

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
State Bar Number (if attorney)

# AFFIDAVIT

## CLAIMANT'S ANSWERS TO INTERROGATORIES

I hereby certify under penalty of perjury that the foregoing answers are true, correct, and complete.

\_\_\_\_\_  
Signature of Claimant

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STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

Before me, the undersigned Notary Public, on this day personally appeared \_\_\_\_\_, who being by me duly sworn on (his/her) oath deposed and said that (he/she) is the **claimant**, duly qualified and authorized in all respects to make this affidavit; that (he/she) has read the above and foregoing answers to Interrogatories, and that every **statement** contained in the answers is within (his/her) knowledge and true and correct.

\_\_\_\_\_  
Notary Public in and for the State of Texas

My commission \_\_\_\_\_

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I hereby certify that I have on this \_\_\_\_\_ day of \_\_\_\_\_ delivered a copy of the attached answers to **Carrier's** Interrogatories to **Claimant** to \_\_\_\_\_ by \_\_\_\_\_.

State the manner of delivery

\_\_\_\_\_  
Signature of Claimant or Representative